

## PROJECT/FACILITY SAFETY REVIEW QUESTIONNAIRE

Project Name: \_\_\_\_\_ Project Leader: \_\_\_\_\_

1. Which best describes this project/facility (number in sequence if more than one applies)?  
☐ computation or theory                      ☐ hardware design, fabrication , or testing  
☐ experimental work at LBL                      ☐ off-site work (where?) \_\_\_\_\_
2. Staffing: # NS Div. Staff \_\_\_\_\_ # GSRA's \_\_\_\_\_ #UGs \_\_\_\_\_ # Other LBL \_\_\_\_\_ # Guests \_\_\_\_\_
3. What LBL building(s) and room(s) does this project/facility occupy? \_\_\_\_\_
4. Does this project need/have **Activity Hazard Document(s), RWA(s), SSA(s)** ☐ no ☐ yes ☐  
If **yes**, list document numbers: \_\_\_\_\_
5. Does this project currently have other **safety documents**, or **permits**? (please attach copies)? \_\_\_\_\_
6. Which of the following are included in your project/facility (**check and/or underline all that apply**):  
☐ Compressed gas (cylinders or systems, high pressure systems); gas monitors  
☐ Chemical hazards (e.g. toxic, carcinogenic, corrosive, flammable, explosive)  
☐ Electrical (including stored energy, high voltage), electronics  
☐ Radiation hazards (include sealed sources, isotopes, X-ray sources, work at accelerators)  
☐ Laser (Class 1, Class 2, Class 3, Class 4)  
☐ High or low temperatures (e.g., heated device or cryogenic fluid)  
☐ Machine Tools  
☐ High power RF fields  
☐ Potential oxygen deficiency or confined space  
☐ Bio-hazards  
☐ Potential damage to the environment  
☐ Ergonomics (e.g. VDT's, extensive keyboard use, microscopes, back injury hazards)  
☐ Other significant hazards (list) \_\_\_\_\_  
☐ Other equipment (underline)    Crane/hoist                      Fume hood/Glove box  
   Eyewash/ safety shower                      Local Exhaust System  
   Flammables cabinet/refrigerator                      Monitor/ Alarm system
7. Many of the above hazards require formal EH&S classes (See PUB. 3000). Do any of your project activities require these (formal) classes? ☐ yes ☐ no If "yes", are all workers trained? ☐ yes ☐ no
8. How do you provide and document **on-the-job training** for specific hazards or techniques? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Give a short listing of **safety measures** taken to reduce the risks associated with the hazards indicated in #6 above (e.g. interlocks, gas detectors, safety reviews, training, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is there a designated **safety contact** person for the project/facility? \_\_\_\_\_
11. Does your project/facility have a **Satellite Accumulation Area** ? ☐ yes ☐ no  
Who is responsible for the **SAA**? \_\_\_\_\_

Signature of Project Leader \_\_\_\_\_ Date \_\_\_\_\_